

Occupational health assessment questionnaire

This form contains confidential medical information and must not be copied or forwarded to anyone outside the occupational health service of the researcher's substantive employer/place of study. Only with the researcher's consent may any confidential information about the researcher be discussed with the occupational health service of NHS organisations where the researcher wishes to conduct research.

The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the research activities you will be undertaking in order to protect your own and others' health and safety.

Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice.

Surname:		Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/>	
Forename(s):		Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Work Address/Place of Study:			
Tel:		Mobile:	
Email:			
Date of birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

BRIEF DESCRIPTION OF RESEARCH ACTIVITIES:

(This will enable our occupational health advisers to assess the health risk involved with your research)

1. Description of proposed research work:	
2. Location(s) of proposed research work:	
3. If you are currently employed or are a current student, did you submit a pre-employment health questionnaire when you commenced your employment at this University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. During your research activity will you be involved in the following:	
• Direct contact with patients/service users?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Direct contact with children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Direct contact with vulnerable adults?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Regular clinical contact with patients/service users and direct involvement in patient care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Non-clinical social contact with patients/service users but not directly involved in patient care (e.g. focus groups/semi-structured interview studies)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupational Health Assessment Report

DP Hallahan



Occupational Health Assessment Report:

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